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DR 1011 (07/24/15)  
COLORADO DEPARTMENT OF REVENUE  
Denver CO 80261-0009  
303-866-3211 Fax

## Authorization Agreement for Automatic Deposits (ACH Credits) for Local Governments, Authorities and Districts

Account Number:

I (we) hereby authorize the Department of Revenue, State of Colorado, hereinafter called **state**, to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to our bank account indicated below and the Bank named below, hereinafter called **depository**, to credit and/or debit the same to such account.

**Check Tax Type**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> City                       | <input type="checkbox"/> County Lodging                            | <input type="checkbox"/> E 911                        |
| <input type="checkbox"/> Public Safety Improvement  | <input type="checkbox"/> Short-Term Rental                         | <input type="checkbox"/> Specific Ownership Tax       |
| <input type="checkbox"/> County                     | <input type="checkbox"/> Cigarette                                 | <input type="checkbox"/> State Retail Marijuana Sales |
| <input type="checkbox"/> Mass Transit               | <input type="checkbox"/> Rural Transportation Authority            | <input type="checkbox"/> Class F                      |
| <input type="checkbox"/> Local Marketing            | <input type="checkbox"/> Multiple Housing Authority                | <input type="checkbox"/> PAX Compression Brake        |
| <input type="checkbox"/> Metropolitan District      | <input type="checkbox"/> Regional Transportation District          | <input type="checkbox"/> PAX Seatbelt                 |
| <input type="checkbox"/> Local Improvement District | <input type="checkbox"/> Scientific & Cultural Facilities District | <input type="checkbox"/> PAX Judicial                 |

Entity Name

FEIN

Mailing Address

City

State

Zip

Depository Name

Branch Address

City

State

Zip

**Direct  
Deposit**

Routing Number

Type:

☐ Checking☐ Savings

Account Number

**A voided check or letter from the bank for Colorado Trust accounts is required**

This agreement is to remain in full force and effect until the **state** has received written notification from the **entity** of its termination in such time and manner to afford **state** and **depository** a reasonable opportunity to act on it. It is the responsibility of the **entity** to fill out a new agreement if the **entity** changes banks or accounts.

Date (MM/DD/YY)

Phone Number

( )

Authorized Signature

Title

Authorized Signature

Title